



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING HOME ADMINISTRATORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE INSTRUCTION SHEET

Choosing Method of Licensure

The application asks you to select whether you are applying for Nursing Home Administrator (NHA) licensure by Administrator-in-Training (AIT) or Reciprocity. This table explains which to select.

IF you...	THEN...
have completed a Board-approved: <ul style="list-style-type: none">• AIT Program and• course of study in nursing home administration at an accredited educational institution	select Licensure by Administrator-In-Training (AIT)
hold a <i>current</i> NHA license in one of these jurisdictions: <div><div><ul style="list-style-type: none">• Pennsylvania (PA)• Maryland (MD)• New Jersey (NJ)• Ohio (OH)• Washington (WA)</div><div><ul style="list-style-type: none">• Connecticut (CT)• South Carolina (SC)• New York (NY)• New Hampshire (NH)</div></div> <p><u>Note:</u> The Board has determined that these jurisdictions have substantially similar requirements to those of Delaware.</p>	select Licensure by Reciprocity
hold a <i>current</i> NHA license in a jurisdiction where you have three years of active NHA practice experience	
hold a <i>current</i> NHA license in one or more jurisdictions not listed above but do not have three years of active NHA practice experience in any one of those jurisdictions <p><u>Note:</u> The Board will determine if any jurisdiction where you hold a current license has licensure requirements substantially similar to those of Delaware. If any of them has substantially similar requirements, you may be licensed by reciprocity. If none has substantially similar requirements, you cannot be licensed by reciprocity.</p>	
have not completed a Board-approved AIT program and do not hold a hold a <i>current</i> license in any other jurisdiction	you must apply for approval of an AIT Program .

Requirements for *All* Applicants

- ☐ Submit completed, signed and notarized [Application for Licensure as Nursing Home Administrator](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript showing your degree, sent *directly* from the college/university to the Board office.

- ☐ Arrange for the Board office to receive verification of your NAB Examination scores sent *directly* to the Board office from the [National Association of Long Term Care Administrator Boards \(NAB\)](#).
 - If you are applying by AIT but have not yet taken the exam, be sure to request NAB to send your scores to Delaware when you register for the exam.
 - If you are applying by AIT and have already passed the exam, request a score transfer only if you did *not* request NAB to send your scores to Delaware when you registered.
 - If you are applying by reciprocity, you must request a score transfer.
- ☐ Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted. You must meet this requirement *even if* you previously had a criminal background check done for another application.
- ☐ If you have ever held an NHA license, arrange for the Board office to receive license verifications from *each* jurisdiction (state, U.S. territory or District of Columbia) where you now hold, or have ever held, NHA licensure, sent *directly* from the jurisdiction to the Board office.
- ☐ Enclose a resume or separate page with your application thoroughly describing your **occupational background**. The document must list all post-degree positions you have held, starting with your current position. All time must be accounted for. If you have been involved in an academic residency or internship or in a Board-approved AIT program, include the following information:
 - dates of employment
 - title of position
 - name and address of employer or organization
 - employer/organization telephone number and email
- ☐ Enclose a resume or separate page with your application thoroughly describing all past **administrative experience** that you acquired in a residential facility providing protective, preventive and personal care services performed by qualified personnel. (Personal care refers to the general supervision of and direct assistance to individuals in their activities of daily living.)
 - Your experience *must* include:
 - administration of services to more than one person,
 - administrative services which have (or had) as a major component the supervision of more than one profession or discipline,
 - administrative positions in which you have (or had) direct responsibility for and are (were) held accountable for your own acts.
 - Describe your duties and responsibilities for the time periods when you supervised more than one profession or discipline. Include the dates and number of hours as well as the kinds of employees. Also, list the dates and hours for which you have served as acting administrator in the absence of the duly appointed administrator.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Licensure by AIT

If you are applying by AIT, submit the following in addition to the items listed above.

- ☐ Submit proof that you have completed a Board-approved course of study in nursing home administration at an accredited educational institution.
 - Examples of proof are a course certificate or transcript.

Additional Requirements for Licensure by Reciprocity

To apply by reciprocity, you must hold *current* NHA licensure in another jurisdiction. If you do **not** have three years NHA experience in any jurisdiction where you hold a *current* license, at least one of the jurisdictions where you hold a *current* license must have licensure requirements that are substantially similar to those of Delaware.

The following requirements apply ***only if you do not hold a current license*** in any of the jurisdictions listed below. If you hold a current license in any of these jurisdictions, it is not necessary to submit either of the items listed below.

- Pennsylvania (PA)
- Maryland (MD)
- New Jersey (NJ)
- Ohio (OH)
- Washington (WA)
- Connecticut (CT)
- South Carolina (SC)
- New York (NY)
- New Hampshire (NH)

- ☐ If you have three years of NHA experience in any jurisdiction where you hold a *current* license, submit tax form W-2s or other proof of your active practice.
- ☐ Submit a copy of the licensure law and rules and regulations of *all* jurisdictions where you hold a *current* NHA license.
 - The Board will determine if any of the jurisdictions' licensure requirements are substantially similar to those of Delaware.
 - If the Board determines that none of the jurisdictions where you hold a *current* license has licensure requirements that are substantially similar to those of Delaware ***and*** you do *not* have three years of NHA experience in any of those jurisdictions, you cannot qualify for NHA licensure by reciprocity. To qualify for licensure by AIT, you must file an [Application for Approval of an Administrator-in-Training Program](#).



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APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSURE

TYPE OF APPLICATION

1. Check the item that describes your situation:

- ☐ Licensure by AIT – I have completed an Administrator-In-Training program approved by the Delaware Board of Examiners of Nursing Home Administrators. My AIT license number is HA - _____.
- ☐ Licensure by Reciprocity – I hold a *current* NHA license in another jurisdiction. Check one:
- ☐ I hold a current license in a jurisdiction that the Board has determined to have substantially similar licensure requirements. (The jurisdictions are listed on the Instruction Sheet.)
- ☐ I have three years of active NHA practice experience in at least one jurisdiction where I hold a *current* NHA license.
- ☐ Neither of the descriptions above applies to me. I understand that the Board will determine whether any jurisdiction where I hold a current NHA license has licensure requirements substantially similar to those of Delaware.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last/Family Name First Middle Maiden
3. Other Name(s) Used: None ☐ _____
4. Have you ever sought or been granted a Nursing Home Administrator license under another name? Yes ☐ No ☐
If yes, enter name and state where you used the name: _____
5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
7. Mailing Address: _____

City State Zip
8. Phone: _____ Email: _____ None ☐
Daytime Home

EDUCATION

9. Enter the following information about your education:

University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent *directly* from the college/university to the Board office.

10. Have you passed the NAB Examination? Yes ☐ Not Yet ☐

Arrange for the Board office to receive verification of your NAB Examination scores, sent *directly* to the Board office from the National Association of Long Term Care Administrator Boards (NAB).

11. Have you completed a course of study in nursing home administration from an accredited institution? Yes ☐ No ☐
If yes, enter the following information about the course:

Title of Course in Nursing Home Administration: _____

Number of Course Hours Completed: _____

Name of Sponsoring Institution: _____

Sponsoring Institution's Mailing Address: _____

_____ City _____ State _____ Zip

Start Date (month/year): _____ End Date (month/year): _____

Submit proof of course completion (such as a certificate or transcript).

LICENSURE HISTORY

12. Have you ever been denied a license? Yes ☐ No ☐ **If yes, enter:** Year Denied: _____ State: _____
Explain why the license was denied: _____

13. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office. In addition, if you are applying by reciprocity and *none* of the jurisdictions where you hold a current license has substantially similar licensure requirements (see list on Instruction Sheet), submit a copy of the licensure law and rules and regulations of *all* jurisdictions where you hold a *current* NHA license.

EMPLOYMENT AND EXPERIENCE

Enclose resumes or statements on separate sheets that thoroughly describe your *occupational background* and *administrative experience*. Refer to the Instruction Sheet for the information that you must include.

14. Do you have three years of active practice as a licensed Nursing Home Administrator in another jurisdiction? Yes ☐ No ☐ If yes, complete the following table to document the three years of practice.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			From	To

Enclose Tax form W-2s for the periods listed above.

DISCLOSURES

15. Have you engaged in the illegal use of controlled dangerous substances within the past two years? Yes ☐ No ☐ **If yes, continue to Question 16. If no, skip to Question 17.**
16. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐ **If yes, explain fully:**
-
-
17. Have you ever had your professional license subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include an official Board order or other documents.**
18. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all official documents or Board orders.**
19. Are you physically or mentally incapable of engaging in the practice of nursing home administration according to generally accepted standards? Yes ☐ No ☐ **If yes, continue with Question 20. If no, skip to the DUTY TO REPORT section.**
20. Do you agree to submit to an examination to determine such capability as the Board may deem necessary? Yes ☐ No ☐

DUTY TO REPORT

21. You have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - is excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 p.m. ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Nursing Home Administrator by the Delaware State Board of Examiners of Nursing Home Administrators under the standards, qualifications and procedures established under Title 24, Chapter 52, of the *Delaware Code*. I have read the State statute governing nursing home administrators in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of nursing home administration in Delaware. I understand that the Board may require evidence additional to the material herein.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE
REQUIRED FEE WILL BE REJECTED.***

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLA